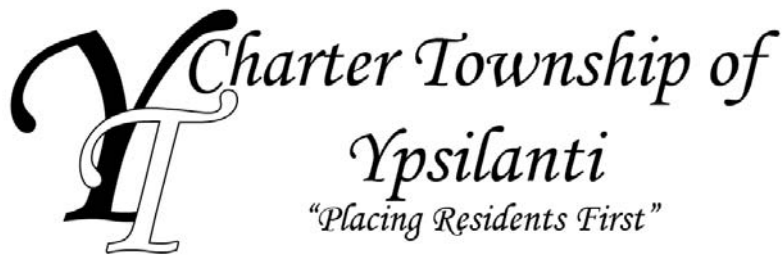


Supervisor
BRENDA L. STUMBO
Clerk
KAREN LOVEJOY ROE
Treasurer
LARRY J. DOE
Trustees
JEAN HALL CURRIE
STAN ELDRIDGE
MIKE MARTIN
DEE SIZEMORE



Supervisor's Office

7200 S. Huron River Drive
Ypsilanti, MI 48197
Phone: (734) 481-0617
Fax: (734) 484-0002
www.ytown.org

CHARTER TOWNSHIP OF YPSILANTI SPECIAL MEETING

Friday, July 31, 2009 – 9:00 a.m.

Board Room, Civic Center, 7200 S. Huron River Drive,
Ypsilanti Township

AGENDA

A Special Meeting of the Charter Township of Ypsilanti Board of Trustees has been called by Supervisor Brenda Stumbo to consider the following items:

- 1) Agreement with Guardian Alarm Company for security upgrades, in the amount of \$18,000, budgeted 50% in account #101.265.000.878.001 and 50% in account #266.301.000.974.025 with a monthly maintenance cost of \$350
- 2) Health Care Letter of Agreement with AFSCME Union, Local 3451
- 3) Authorization to place new Police Services millage on the November 3, 2009 ballot.
- 4) Resolution No. 2009-21, opposing the 30% increase in contractual costs with AATA over the next three years

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**Office of
Community Standards**
7200 S. Huron River Drive
Ypsilanti, MI 48197
www.ytown.org

To: Karen Lovejoy Roe, Clerk
From: Michael J. Radzik, Director of Community Standards
Jeff Allen, Director of Residential Services
Date: July 28, 2009
Subject: **Building Security Upgrade to Civic Center & Sheriff Sub-station**

Request for Approval:

This is a request for Board consideration to approve the purchase and installation of building security upgrades for the township/police facility located at 7200 S Huron River Dr from single source vendor Guardian Alarm Company in the amount of \$18,000. Funding for this project will be equally split between the Police Services and Residential Services budgets and will be available from 266-301.000-974.025 and 101-265.000-818.000. An additional \$350 per month will be added to the existing monthly maintenance expenses required to operate the system. Maintenance expenses are shared by Police Services, Residential Services and 14-B District Court.

Background:

In December, 2008, a review of security measures for the multiple uses at our municipal civic center building located at 7200 S Huron River Dr was conducted. The focus of the review was the adequacy of the existing door access system maintained by Guardian Alarm Company at the police/court facilities, and independent security access maintained at the township facility. The review received input from our staff and officials at the Sheriff's Office and 14-B District Court.

Several areas of concern were identified, most importantly the desire to operate only one controlled access system for all portions of the complex. Also, individual need for controlled access at specific doors and the sally port in the police/court portion of the building, as well as the inclusion of selected doors in the township portion of the building on the same system. Furthermore, we reached consensus that photo identification badges for employees is a desirable security enhancement.

We consulted with technicians at Guardian and received a quote to upgrade the existing system. Earlier this week, we were notified by Guardian that the upgrades were available for a limited time at a 40% discounted price. In order to take advantage of the substantial savings, a written commitment is required by July 31, 2009.

Enclosed is a copy of Guardian's quote. The installation and maintenance costs will be split between the Police Services and Residential Services budgets. We are requesting Board approval to purchase the system upgrades at the discounted price quoted and to sign a written agreement to schedule installation.



GUARDIAN

ALARM • GUARD • MEDICAL MONITORING

14B District Court
72010 S Huron River Drive
Ypsilanti, Mi, 48197

Card Access

2- 8 Door galaxy panels
7- Exterior door strikes
10- Card Readers
3- Interior door strikes
10- Door Hardware (exiting devices)
4- Door cords
10- Door programming
Labor panel to panel connection
Labor difficult wire runs

Garage Door

1- Card Reader
1- Relay

Total Install: \$15,000.00
Monthly Maintenance: \$250.00

Badging

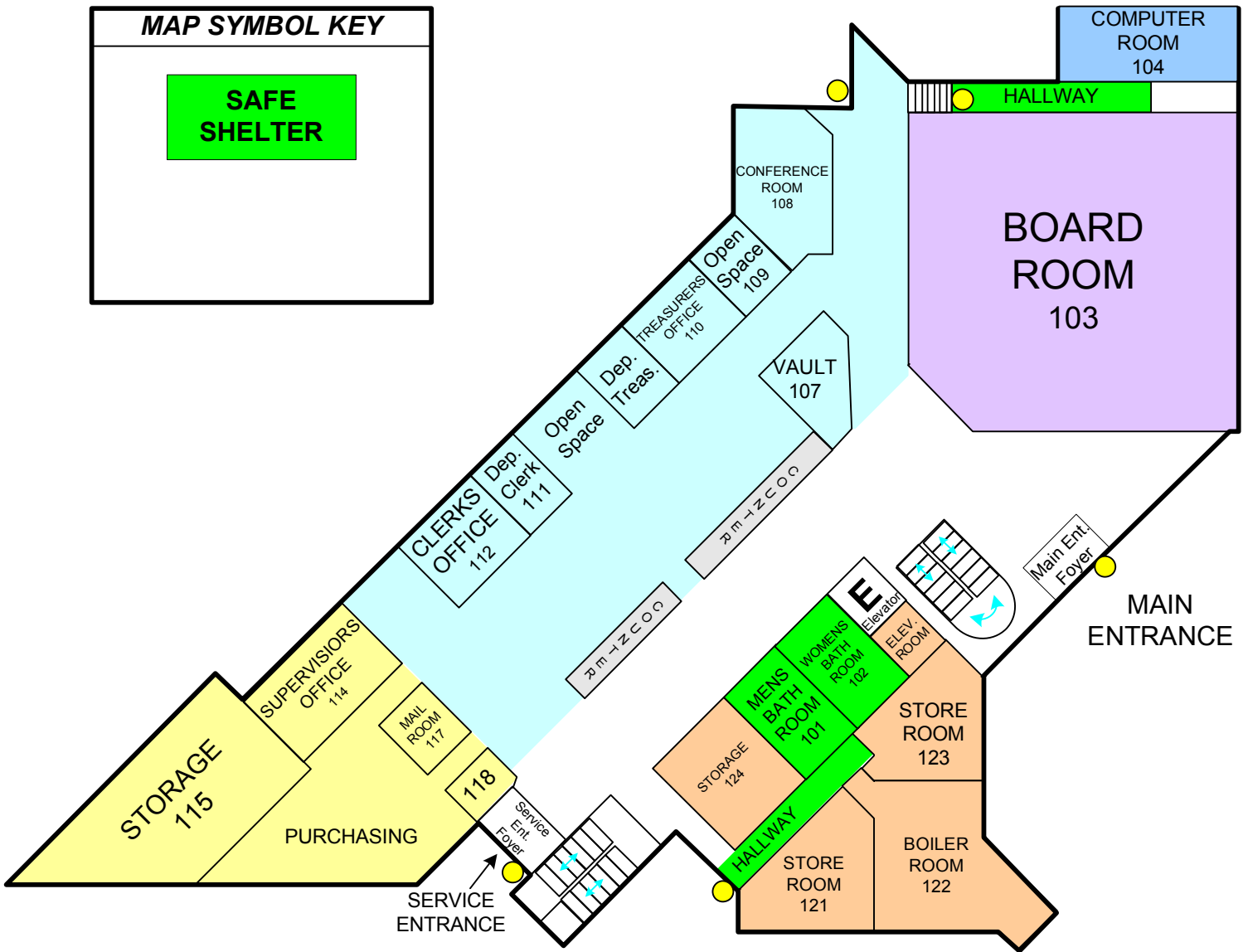
Badging printer
Badging ribbon
Badging software

Total Install: \$3,000.00
Monthly Maintenance: \$100.00

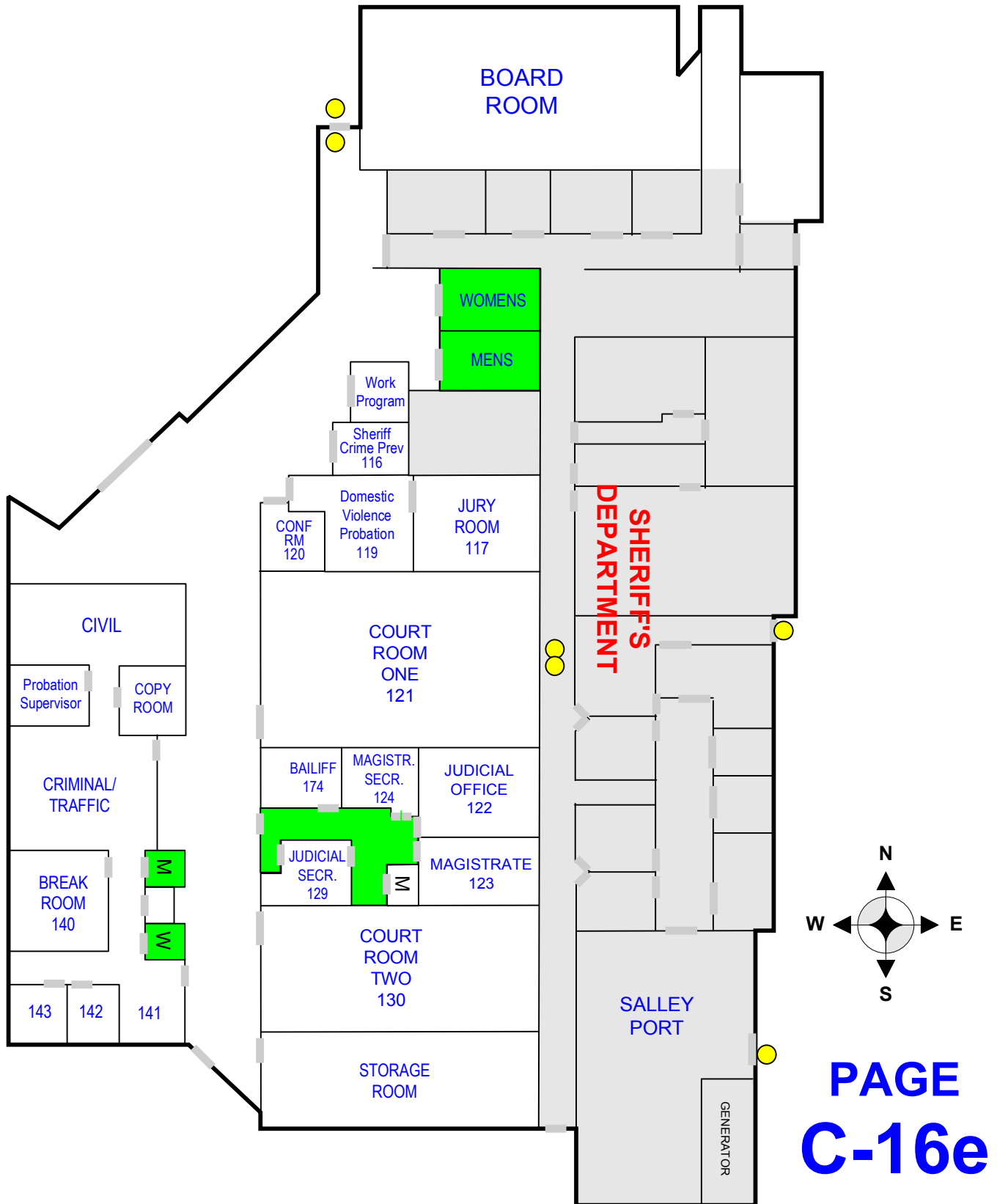
Ypsilanti Township Civic Center

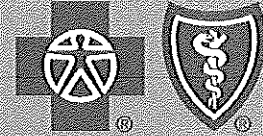
7200 S. Huron River Dr.

First Floor Plan



Ypsilanti Township 14-B District Court Building





Community BlueSM PPO Benefits-at-a-Glance – Ypsilanti Township Board – Group #33924/003

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificate and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.

Community Blue SM PPO (Current)		Community Blue SM PPO (Proposed)	
In-network	Out-of-network	In-network	Out-of-network

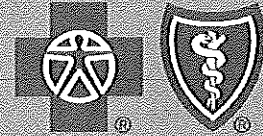
Member's responsibility (deductibles, copays and dollar maximums)

Note: Services from a provider for which there is no PPO network and services from a non-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Deductible (each calendar year)	None	\$250 for one member, \$500 for the family	\$100 for one member, \$200 for the family Note: Deductible waived if service is performed in a PPO physician's office.	\$250 for one member, \$500 for the family Note: Out-of-network deductible amounts also apply toward the in-network deductible.
Copays				
• Fixed dollar copays	• \$10 for office visits and • \$50 for emergency room visits	\$50 for emergency room visits	• \$10 for office visits and • \$50 for emergency room visits	\$50 for emergency room visits
• Percent copays	50% for mental health care, substance abuse treatment and private duty nursing	• 20% for general services and • 50% for mental health care, substance abuse treatment and private duty nursing	50% for mental health care, substance abuse treatment and private duty nursing	• 20% for general services and • 50% for mental health care, substance abuse treatment and private duty nursing
Copay dollar maximums				
• Fixed dollar copays	None	None	None	None
• Percent copays (each calendar year) – excludes mental health care, substance abuse treatment and private duty nursing copays	Not applicable	\$2,000 for one member, \$4,000 for two or more members	Not applicable	\$2,000 for one member, \$4,000 for two or more members
Dollar maximums	\$1 million lifetime per covered specified human organ transplant type and a separate \$5 million lifetime per member for all other covered services and as noted for individual services	\$1 million lifetime per covered specified human organ transplant type and a separate \$5 million lifetime per member for all other covered services and as noted for individual services	\$1 million lifetime per covered specified human organ transplant type and a separate \$5 million lifetime per member for all other covered services and as noted for individual services	\$1 million lifetime per covered specified human organ transplant type and a separate \$5 million lifetime per member for all other covered services and as noted for individual services

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

bcbsm.com



Community Blue SM PPO (Current)		Community Blue SM PPO (Proposed)	
In-network	Out-of-network	In-network	Out-of-network

Preventive care services – *Payment for preventive services is limited to a combined maximum of \$500 per member per calendar year

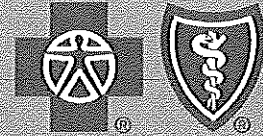
Health maintenance exam – includes chest x-ray, EKG and select lab procedures	Covered – 100%*, one per calendar year	Not covered	Covered – 100%*, one per calendar year	Not covered
Gynecological exam	Covered – 100%*, one per calendar year	Not covered	Covered – 100%*, one per calendar year	Not covered
Pap smear screening – laboratory and pathology services	Covered – 100%*, one per calendar year	Not covered	Covered – 100%*, one per calendar year	Not covered
Well-baby and child care	Covered – 100%* <ul style="list-style-type: none"> • 6 visits, birth through 12 months • 6 visits, 13 months through 23 months • 2 visits, 24 months through 35 months • 2 visits, 36 months through 47 months • 1 visit per birth year, 48 months through age 15 	Not covered	Covered – 100%* <ul style="list-style-type: none"> • 6 visits, birth through 12 months • 6 visits, 13 months through 23 months • 2 visits, 24 months through 35 months • 2 visits, 36 months through 47 months • 1 visit per birth year, 48 months through age 15 	Not covered
Childhood immunizations as recommended by the Advisory Committee on Immunizations Practices and the American Academy of Pediatrics	Covered – 100%*	Not covered	Covered – 100%*	Not covered
Fecal occult blood screening	Covered – 100%*, one per calendar year	Not covered	Covered – 100%*, one per calendar year	Not covered
Flexible sigmoidoscopy exam	Covered – 100%*, one per calendar year	Not covered	Covered – 100%*, one per calendar year	Not covered
Prostate specific antigen (PSA) screening	Covered – 100%*, one per calendar year	Not covered	Covered – 100%*, one per calendar year	Not covered

Mammography

Mammography screening	Covered – 100%	Covered – 80% after deductible	Covered – 100%	Covered – 80% after deductible
	One per calendar year, no age restrictions		One per calendar year, no age restrictions	

Physician office services

Office visits	Covered – \$10 copay per visit	Covered – 80% after deductible, must be medically necessary	Covered – \$10 copay per visit	Covered – 80% after deductible, must be medically necessary
Outpatient and home medical care visits	Covered – 100%	Covered – 80% after deductible, must be medically necessary	Covered – 100% after deductible	Covered – 80% after deductible, must be medically necessary



Community Blue SM PPO (Current)		Community Blue SM PPO (Proposed)	
In-network	Out-of-network	In-network	Out-of-network

Physician office services, *continued*

Office consultations	Covered – \$10 copay per visit	Covered – 80% after deductible, must be medically necessary	Covered – \$10 copay per visit	Covered – 80% after deductible, must be medically necessary
Urgent care visits	Covered – \$10 copay per visit	Covered – 80% after deductible, must be medically necessary	Covered – \$10 copay per visit	Covered – 80% after deductible, must be medically necessary

Emergency medical care

Hospital emergency room	Covered – \$50 copay (copay waived if admitted or for an accidental injury)	Covered – \$50 copay (copay waived if admitted or for an accidental injury)	Covered – \$50 copay (copay waived if admitted or for an accidental injury)	Covered – \$50 copay (copay waived if admitted or for an accidental injury)
Ambulance services – must be medically necessary	Covered – 100%	Covered – 100%	Covered – 100% after deductible	Covered – 100% after deductible

Diagnostic services

Laboratory and pathology services	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible
Diagnostic tests and x-rays	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible
Therapeutic radiology	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible

Maternity services provided by a physician or certified nurse midwife

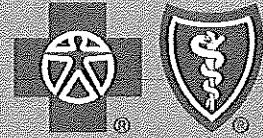
Prenatal and postnatal care	Covered – 100%	Covered – 80% after deductible	Covered – 100%	Covered – 80% after deductible
Delivery and nursery care	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible

Hospital care

Semiprivate room, inpt. physician care, general nursing care, hospital services & supplies Note: Non-emergency services must be rendered in a participating hospital.	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible
	Unlimited days		Unlimited days	
Inpatient consultations	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible
Chemotherapy	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible

Alternatives to hospital care

Skilled nursing care	Covered – 100%	Covered – 100%	Covered – 100% after deductible	Covered – 100% after deductible
	Up to 120 days per member per calendar year		Up to 120 days per member per calendar year	
Hospice care	Covered – 100%	Covered – 100%	Covered – 100%	Covered – 100%
	Limited to dollar maximum that is reviewed and adjusted periodically		Limited to dollar maximum that is reviewed and adjusted periodically	
Home health care – must be medically necessary	Covered – 100%	Covered – 100%	Covered – 100% after deductible	Covered – 100% after deductible
Home infusion therapy – must be medically necessary	Covered – 100%	Covered – 100%	Covered – 100% after deductible	Covered – 100% after deductible



Community Blue SM PPO (Current)		Community Blue SM PPO (Proposed)	
In-network	Out-of-network	In-network	Out-of-network

Surgical services

Surgery – includes related surgical services and medically necessary facility services by a participating ambulatory surgery facility	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible
Presurgical consultations	Covered – 100%	Covered – 80% after deductible	Covered – 100%	Covered – 80% after deductible
Colonoscopy	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible
Voluntary sterilization	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible

Human organ transplants

Specified human organ transplants – in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (800-242-3504)	Covered – 100%	Covered – in designated facilities only	Covered – 100%	Covered – in designated facilities only
	Limited to \$1 million lifetime maximum per member per transplant type for transplant procedure(s) and related professional, hospital and pharmacy services		Limited to \$1 million lifetime maximum per member per transplant type for transplant procedure(s) and related professional, hospital and pharmacy services	
Bone marrow transplants – when coordinated through the BCBSM Human Organ Transplant Program (800-242-3504)	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible
Specified oncology clinical trials	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible
Kidney, cornea and skin transplants	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible

Mental health care and substance abuse treatment

Inpatient mental health care	Covered – 50%	Covered – 50% after deductible	Covered – 50% after deductible	Covered – 50% after deductible
	Unlimited days		Unlimited days	
Inpatient substance abuse treatment	Covered – 50%	Covered – 50% after deductible	Covered – 50% after deductible	Covered – 50% after deductible
	Unlimited days, up to \$15,000 annual, \$30,000 lifetime maximum		Unlimited days, up to \$15,000 annual, \$30,000 lifetime maximum	
Outpatient mental health care: • Facility and clinic	Covered – 50%	Covered – 50%	Covered – 50% after deductible	Covered – 50% after deductible
	Covered – 50%	Covered – 50% after deductible	Covered – 50%	Covered – 50% after deductible
Outpatient substance abuse treatment – in approved facilities	Covered – 50%	Covered – 50%	Covered – 50% after deductible	Covered – 50% after deductible
	Up to the state-dollar amount that is adjusted annually		Up to the state-dollar amount that is adjusted annually	



Community Blue SM PPO (Current)		Community Blue SM PPO (Proposed)	
In-network	Out-of-network	In-network	Out-of-network

Other covered services

Outpatient Diabetes Management Program (ODMP)	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible
Allergy testing and therapy	Covered – 100%	Covered – 80% after deductible	Covered – 100%	Covered – 80% after deductible
Chiropractic manipulation treatment and osteopathic manipulation treatment	Covered – 100%	Covered – 80% after deductible	Covered – 100%	Covered – 80% after deductible
	Up to a maximum of 24 visits per member per calendar year		Up to a maximum of 24 visits per member per calendar year	
Outpatient physical, speech and occupational therapy	Covered – 100%	Covered – 80% after deductible	Covered – 100% after deductible	Covered – 80% after deductible
	Limited to a combined maximum of 60 visits per member per calendar year		Limited to a combined maximum of 60 visits per member per calendar year	
Durable medical equipment	Covered – 100%	Covered – 100%	Covered – 100% after deductible	Covered – 100% after deductible
Prosthetic and orthotic appliances	Covered – 100%	Covered – 100%	Covered – 100% after deductible	Covered – 100% after deductible
Private duty nursing	Covered – 50%	Covered – 50%	Covered – 50% after deductible	Covered – 50% after deductible



Traditional Plus Dental Coverage – Benefits-at-a-Glance Proposed Plan

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificates and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by your plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and will be construed under the jurisdiction of and according to the laws of the state of Michigan.

Network access information

- **DenteMax PPO network** – DenteMax PPO dentists agree to accept our approved amount as payment in full and participate on all claims. DenteMax is an independent company that leases its network to BCBSM to provide access to Blues members. You'll also receive discounts on noncovered services when you use PPO dentists. You can choose from more than 83,000 dentist access points* nationwide where dental services are available through our partnership with the DenteMax PPO network. To find a DenteMax dentist, please call 800-752-1547 or go to the DenteMax Web site at dentemax.com.

* A dentist access point is any place a member can see a dentist to receive high-quality dental care. For example, one dentist practicing in two locations would be two access points.

- **Blue Par SelectSM** – Most dentists participate with the Blues on a "per claim" basis, so you should ask your dentist if he or she participates before every procedure. These dentists accept payment in full from BCBSM for covered services and you pay the dentist only applicable copays and deductibles, and any fees for noncovered services. You won't be balanced billed for any difference between our approved amount and the dentist's charge. We call this arrangement "Blue Par Select." To find a dentist who may participate with BCBSM, go to bcbsm.com. Select the Dental Professionals subsection of "Where You Can Go for Care" page.

Note: If you receive care from a nonparticipating dentist, you may be billed for the difference between our approved amount and the dentist's charge.

Member's responsibility (copays and dollar maximums)

Copays	50% for Class II, III and IV services
Dollar maximums	
• Annual maximum (for Class I, II and III services)	\$1,000 per member
• Lifetime maximum (for Class IV services)	\$500 per member

Class I services

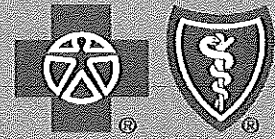
Oral exams	Covered – 100%, twice per calendar year
A set (up to 4) of bitewing x-rays	Covered – 100%, twice per calendar year
Full-mouth and panoramic x-rays	Covered – 100%, once every 60 months
Prophylaxis (teeth cleaning)	Covered – 100%, twice per calendar year
Pit and fissure sealants – for members age 19 or under	Covered – 100%, once per tooth every 36 months when applied to the first and second permanent molars
Palliative (emergency) treatment	Covered – 100%
Fluoride treatment	Covered – 100%, two per calendar year
Space maintainers – missing posterior (back) primary teeth	Covered – 100%, once per quadrant per lifetime, for members under age 19

Class II services

Fillings – permanent teeth	Covered – 50%, replacement fillings covered after 24 months or more after initial filling
Fillings – primary teeth	Covered – 50%, replacement fillings covered after 12 months or more after initial filling
Onlays, crowns and veneer fillings – permanent teeth	Covered – 50%, once every 60 months per tooth, payable for members age 12 and older
Recementing of crowns, veneers, inlays, onlays and bridges	Covered – 50%, three times per tooth per calendar year after six months from original restoration

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Class II services, *continued*

Oral surgery including extractions	Covered – 50%
Root canal treatment – permanent tooth	Covered – 50%, once every 12 months for tooth with one or more canals
Scaling and root planing	Covered – 50%, once every 24 months per quadrant
Limited occlusal adjustments	Covered – 50%, limited occlusal adjustments covered up to five times in a 60-month period
Occlusal biteguards	Covered – 50%, once every 12 months
General anesthesia or IV sedation	Covered – 50%, when medically necessary and performed with oral or dental surgery
Relining or rebasing of partials or complete dentures	Covered – 50%, once every 36 months per arch
Tissue conditioning	Covered – 50%, once every 36 months per arch
Repairs and adjustments of partial or complete dentures	Covered – 50%, six months or more after it is delivered

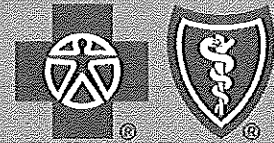
Class III services

Removable dentures (complete and partial)	Covered – 50%
Bridges (fixed partial dentures) – for members age 16 or older	Covered – 50%, once every 60 months after original was delivered
Endosteal implants – for members age 16 or older who are covered at the time of the actual implant placement	Covered – 50%, once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31

Class IV services – Orthodontic services for dependents under age 19

Minor treatment for tooth guidance appliances	Covered – 50%
Minor treatment to control harmful habits	Covered – 50%
Interceptive and comprehensive orthodontic treatment	Covered – 50%
Post-treatment stabilization	Covered – 50%
Cephalometric film (skull) and diagnostic photos	Covered – 50%

Note: For non-urgent, complex or expensive dental treatment such as crowns, bridges or dentures, members should encourage their dentist to submit the claim to Blue Cross for predetermination *before* treatment begins.



Blue Preferred[®] Rx Prescription Drug Coverage with \$10 Generic / \$40 Brand Name Fixed Dollar Copay Benefits-at-a-Glance – Proposed Plan – Ypsilanti Township Board

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Note: Effective October 1, 2006, the mail order pharmacy for specialty drugs changed to Option Care, an independent company. Specialty prescription drugs (such as Enbrel[®] and Humira[®]) are used to treat complex conditions such as rheumatoid arthritis. These drugs require special handling, administration or monitoring. Option Care will handle mail order prescriptions only for specialty drugs while many retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). Other mail order prescription medications can continue to be sent to Medco. (Medco is an independent company providing pharmacy benefit services for Blue members.) A list of specialty drugs is available on our Web site at bcbsm.com. Log in under "I am a Member." If you have any questions, please call Option Care customer service at 866-515-1355.

	Network pharmacy	Non-network pharmacy
Member's responsibility (copays)		
Generic prescription drugs	\$10 copay for each drug	\$10 copay for each drug <i>plus</i> 25% of the BCBSM approved amount for the drug
Prescribed over-the-counter drugs – when covered by BCBSM	\$10 copay for each drug	\$10 copay for each drug <i>plus</i> 25% of the BCBSM approved amount for the drug
Brand name prescription drugs	\$40 copay for each drug	\$40 copay for each drug <i>plus</i> 25% of the BCBSM approved amount for the drug
Mail order (home delivery) prescription drugs	Copay for up to a 34 day supply: <ul style="list-style-type: none"> • \$10 copay for each generic drug • \$40 copay for each brand name drug Copay for a 35 to 90 day supply: <ul style="list-style-type: none"> • \$20 copay for each generic drug • \$80 copay for each brand name drug 	No coverage

Note: If your prescription is filled by any type of network pharmacy, and you request the brand-name drug when a generic equivalent is available on the BCBSM MAC list and the prescriber has not indicated "Dispensed as Written" (DAW) on the prescription, you must pay the difference in cost between the brand-name drug dispensed and the maximum allowable cost for the generic plus the applicable copay.

Covered services

"Rx only" drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
Prescribed over-the-counter drugs – when covered by BCBSM	Covered – 100% less plan copay	Covered – 75% less plan copay
State-controlled drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
Disposable needles and syringes – when dispensed with insulin or other covered injectable legend drugs Note: Needles and syringes have no copay.	Covered – 100% less plan copay for the insulin or other covered injectable legend drug	Covered – 75% less plan copay for the insulin or other covered injectable legend drug
Mail order (home delivery) prescription drugs – up to a 90-day supply of medication by mail from Medco, an independent company (BCBSM network mail order provider)	Covered – 100% less plan copay	No coverage

Note: Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law.

Note: A network pharmacy is a Preferred Rx pharmacy in Michigan or a MedImpact pharmacy outside Michigan. MedImpact is an independent company providing pharmacy benefit services for Blue members. A non-network pharmacy is a pharmacy NOT in the Preferred Rx or MedImpact networks.

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bcbsm.com



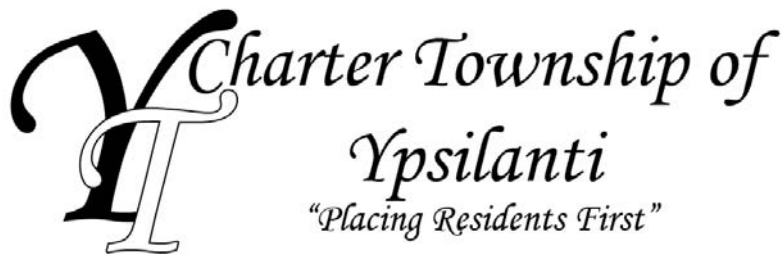
Features of your plan

<p>Drug interchange and generic copay waiver</p>	<p>Certain drugs may not be covered for future prescriptions if a suitable alternate drug is identified by BCBSM, unless the prescribing physician demonstrates that the drug is medically necessary. A list of drugs that may require authorization is available at bcbsm.com.</p> <p>If your physician rewrites your prescription for the recommended generic or OTC alternate drug, you will only have to pay a generic copay. If your physician rewrites your prescription for the recommended brand-name alternate drug, you will have to pay a brand-name copay. In select cases BCBSM may waive the initial copay after your prescription has been rewritten. BCBSM will notify you if you are eligible for a waiver.</p>
<p>Quantity limits</p>	<p>Select drugs may have limitations related to quantity and doses allowed per prescription unless the prescribing physician obtains preauthorization from BCBSM. A list of these drugs is available at bcbsm.com.</p>

Additional Benefits:

<p>Rider CI, contraceptive injections Rider PCD, prescription contraceptive devices Rider PD-CM, prescription contraceptive medications</p>	<p>Adds coverage for contraceptive injections, physician-prescribed contraceptive devices such as diaphragms and IUDs, and "Rx only" oral or injectable contraceptive medications.</p> <p>Note: These riders are only available as part of a prescription drug package. Riders CI and PCD are part of your medical-surgical coverage, subject to the same deductible and copay, if any, you pay for medical-surgical services. (Rider PCD waives the copay for services provided by a network provider.) Rider PD-CM is part of your prescription drug coverage, subject to the same copay you pay for prescription drugs.</p>
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Supervisor
BRENDA L. STUMBO
Clerk
KAREN LOVEJOY ROE
Treasurer
LARRY J. DOE
Trustees
JEAN HALL CURRIE
STAN ELDRIDGE
MIKE MARTIN
DEE SIZEMORE



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MEMORANDUM

To: Township Board

From: Brenda L. Stumbo, Supervisor
Karen Lovejoy Roe, Clerk
Larry J. Doe, Treasurer

Date: July 29, 2009

Subject: November 3, 2009 Ballot Proposal

The three full-time officials are requesting authorization to place a new police services millage on the November 3, 2009 ballot.

We have received preliminary results from the Cobalt Survey indicating that 58.2% of those surveyed would support a 2-mil tax increase for police services.

The new police services millage would generate revenues to replace police services revenues lost due to decrease in property values. In order to preserve township police coverage of 38 deputies and prevent further cuts in the number of deputies serving Ypsilanti Township the 2-mil tax increase is necessary.

If authorization to place a new millage is approved, the resolution containing the proposed ballot language will be on the August 18, 2009 Board Agenda for Board consideration.

**PROPOSED BALLOT PROPOSAL LANGUAGE
FOR YPSILANTI TOWNSHIP POLICE SERVICES
MILLAGE NEW**

Shall the Charter Township of Ypsilanti be authorized to levy and increase the limitations of the total amount of general ad valorem taxes which may be imposed in any one year upon real and tangible personal property in the Charter Township of Ypsilanti, Washtenaw County, Michigan as provided by Section 6 of Article IX of the Constitution of Michigan, 1963 from 0.0 to 2 (\$ 2.00 per \$1,000) for a period of four (4) years from 2009 - 2012 both inclusive, for the purpose of providing revenues for law enforcement services, community policing/neighborhood watch and ordinance enforcement? The first year of this levy shall generate estimated revenue of \$ 3,230,770.

The new police services millage would generate revenues to replace police services revenues lost due to decrease in property values. In order to preserve township police coverage of 38 deputies and prevent further cuts in the number of deputies serving Ypsilanti Township the 2-mil tax increase is necessary.

DRAFT
PROPOSAL

Resolution No. 2009-21

OPPOSING AATA CONTRACTUAL INCREASES

Whereas, the current state and national economic crisis is the worst in over 70 years, and;

Whereas, the Charter Township of Ypsilanti has had declining taxable values, reductions and state shared revenues and is facing the potential of additional reductions, and;

Whereas, the Ann Arbor Transit Authority Board of Directors has determined to fully allocate operational costs to those governmental units who have purchase of services agreements over the next three years, and;

Whereas, this allocation will increase service agreement costs by 10% in each of the next three years for a total cost increase of 30%, and;

Whereas, the combination of reduced governmental revenues, coupled with increased costs from the Ann Arbor Transit Authority, make it nearly impossible to maintain current bus routes and service levels;

Now, therefore, be it resolved that the Charter Township of Ypsilanti strongly opposes the 30% increase in contractual costs over the next three years because of the timing and encourages the Board to increase efforts to create a regionally funded transportation authority.